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000110 7590 03/25/2004

**DANN, DORFMAN, HERRELL & SKILLMAN**  
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Jane C. Bogan	(Depositor's name)
<i>Jane C. Bogan</i>	(Signature)
June 10, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/487,851	01/19/2000	Robert J. Levy	7600-20U1 (CHOP-0013)	3653

TITLE OF INVENTION: REVERSE GENE THERAPY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	06/25/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LI, QIAN JANICE	1632	514-044000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **DANN, DORFMAN, HERRELL**  
 2 **AND SKILLMAN**  
 3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**The Children's Hospital**  
**of Philadelphia**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Philadelphia, Pennsylvania**

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
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(Authorized Signature)

(Date)

*Robert J. Levy* **6/10/04**

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06/16/2004 JBALINA2 00000016 09487851

01 FC:2501  
 02 FC:8001

665.00 OP  
 30.00 OP

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